



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES December 10, 2015

Approved
1/14/2016

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., Co-Chair	Kimler Cruz Gutierrez (Alt.)	Suzette Flynn	Kyle Baker
Ricky Rosales, Co-Chair	Ayanna Kiburi, MPH (by phone)	Shawn Imitates Dog	Dave Young
Al Ballesteros, MBA	AJ King, MPH	Ted Liso (Full to Cockrell)	
Traci Bivens-Davis (Alt. to Smith)	Lee Kochems, MA	Miguel Martinez, MSW, MPH	
Joseph Cadden, MD	Bradley Land	Anthony Mills, MD/Lisa Goldstein	COMMISSION STAFF/CONSULTANTS
Raquel Cataldo	Abad Lopez	Raphael Péna	
Edd Cockrell (Alt. to Liso)	Charles Maddox	Maria Roman (Full to Preciado)	Carolyn Echols-Watson, MPA
Derek Dangerfield	Jose Muñoz	Sabel Samone-Loreca/ Danielle Campbell, MPH	Dawn McClendon
Kevin Donnelly	John Palomo		Jane Nachazel
Michelle Enfield	Mario Pérez, MPH	Erik Sanjurjo, MPH (Full to Forrest)	Doris Reed
Susan Forrest (Alt. to Sanjurjo)	Juan Preciado (Alt. to Roman)	Terry Smith, MPA	James Stewart
Aaron Fox, MPM	Juan Rivera	(Full to Bivens-Davis)	
David Giugni, LCSW	Julio Rodriguez	LaShonda Spencer, MD	
Terry Goddard, MA	Shoshanna Scholar	Jason Tran/Eric Paul Leue	
Bridget Gordon/Patricio Soza	Kevin Stalter	Octavio Vallejo	
Grissel Granados, MSW	Will Watts, Esq.	Terrell Winder	
Joseph Green	Fariba Younai, DDS	Richard Zaldivar	
PUBLIC			
Robert Aguayo	Arturo Ahias	Ernesto Aldana	Jaime Alvarez
Fernando Arana	Jamie Baker	Arron Barcusa	René Bennett
Christopher Blades	Jason Brown	David Cano	Jose Carmona
Denise Ceja	Stanley Chatman	Efren Chavez	Jesse Clark
Juan Contreras	Phil Curtis	Niki Dhillon (OA: by phone)	Rolando Diwa
Whitney Engeran	Dahlia Ferlito	Guillermo Freyas	Seraiu Fuentes
Marcos Garalazo	Luis Garcia	Thelma Garcia	Nestor Gonzalez
John Huon	Miki Jackson	Uyen Kao	Julie Kirk
Candi Leija	Yanira Lopez	Ramiro Luque	Karen Mark, MD, MPH (by phone)
Eduardo Martinez	Steve Merciec	Fernando Munoz	Katja Nelson

Commission on HIV Meeting Minutes

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PUBLIC (cont.)			
Diana Oliva	William Paja	Michael Pitkin	Armando Quilu
Ruben Reyes	Camilo Rosas	Claudia Ruvalcava	Geronimo Salazar
Aaron Shadowlc	Michael Thompson	Lorena Vizcarra	

1. CALL TO ORDER: Mr. Johnson opened the meeting at 9:15 am.

A. Roll Call (Present): Ballesteros, Bivens-Davis, Cadden, Cockrell, Dangerfield, Donnelly, Enfield, Forrest, Fox, Giugni, Goddard, Gordon/Soza, Granados, Green, Cruz Gutierrez, King, Kochems, Land, Lopez, Maddox, Palomo, Pérez, Rivera, Rodriguez, Scholar, Stalter, Watts, Younai, Johnson, Rosales.

2. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order with Item 11. B. moved after Item 5 and adjustments as needed (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve minutes from the 11/12/2015 Commission on HIV meeting, as presented (*Passed by Consensus*).

4. PUBLIC COMMENT (Non-Agendized or Follow-Up):

- Mr. Pitkin reported he had interacted with 62 service providers: insurance health plans; pharmacies; and federal, state, county and local entities since January 2014. This snapshot of interactions in his life demonstrates the importance of all stakeholders working together to compromise and build a more integrated system of care and support.
- Ms. Jackson noted the Commission will be asked to make a major decision that day. It entails a complex series of moves to re-allocate funds in response to DHSP's 11/17/2015 PP&A meeting report on estimated Ryan White (RW) underspending of up to \$8.9 million. She felt DHSP had to know underspending was increasing earlier, but did not alert responsible parties in time for deliberation on the plan which would return \$2 million to the state for re-allocation. She urged delay.
- Messrs. Cano and Thompson urged re-allocating underspent funds to local service providers. Many struggle with funding issues. Mr. Chatman suggested support for wrap-around services, e.g., co-payments and out of packet expenses.
- Mr. Clark, UCLA Geffen School of Medicine, announced a new approach to biomedical HIV prevention, the Antibody Mediated Prevention (AMP) Study conducted by the HIV Vaccine Trials Network and the HIV Prevention Trials Network. The Los Angeles trial will be at the UCLA Center for Behavioral and Addiction Medicine Vine Street Clinic, Hollywood. The trial will evaluate infusions once every two months of a monoclonal antibody against a broad range of HIV-1 strains, VRC01.
- VRC01 has the potential to fill a prevention services gap. The effectiveness of using Truvada for PrEP largely depends on once per day adherence, but many who would benefit most have difficulty with the regimen. VRC01 offers an option for those unable to maintain adherence, who cannot tolerate Truvada or want a simpler regimen. The Los Angeles site will enroll 81 behaviorally high risk MSM, transgender women or transgender men for monthly visits over two years including bimonthly infusions. Each visit will be compensated. Contact him or Mr. Blades, Director, Outreach, for more information.

5. COMMISSION COMMENT (Non-Agendized or Follow-Up): Mr. Cockrell urged the body to hold itself fiscally responsible for and accountable to the community. Decisions should not be made on a political basis, but to serve the community. Ms. Gordon read the Commission's Mission Statement and urged following its mission to serve the community by making educated decisions.

6. CO-CHAIRS' REPORT:

- Mr. Johnson announced this was his last meeting as Co-Chair and his last meeting. He will be focusing on his work at JWCH.
- He especially thanked Ms. McClendon for her amazing assistance and thanked Mr. Rosales for his stalwart work. He was glad to welcome Mr. Land with his long experience. He had asked Messrs. Land and Ballesteros to return to leadership when he became Co-Chair five years ago to help restore a transparent process. They were gracious in stepping up to help.
- He thanked District 4 Supervisor Don Knabe and Health Deputy Richard Espinoza along with Patrick Ogawa, Executive Office. Messrs. Pérez, Baker and Carlos Vega-Matos, DHSP, have been amazing partners in the work.
- Most of all, he thanked each Commission member for inspiring him to come to this table and stay engaged. Especially for those who are new, no matter how tough it gets - and it was a tough morning - this is incredibly important work. He encouraged staying and fighting to make a difference as these major changes in the health care landscape unfold.
- He will remain available to help in any way anyone needs to help explain something or help strategize. The work remains.

A. Executive Director (ED) Search Update:

1) Interview Process:

- Mr. Rosales reported there is a three-step interview process for candidates. The Commission Co-Chairs and Messrs. Pérez and Baker are engaging in the first interview phase. The Executive Committee will then interview final candidates on 12/16/2015. The meeting will be a closed session because it addresses personnel issues.
- Executive will make its recommendation to the Executive Office which will then address its internal process.

B. Committee Co-Chairs and Executive At-Large Open Nominations/Elections:

- Mr. Rosales noted Committee Co-Chair nominations open in December for all Committees except Executive, chaired by the Commission Co-Chairs. The motion would delay Executive At-Large nominations to January to simplify the process for those who might wish to run for both positions.

MOTION 3: Approve moving Executive At-Large nominations from December to January and elections from January to February in order to allow Committee Co-Chair elections to occur first averting conflict for members who might choose to run for both positions (*Passed by Consensus*).

C. Monthly Membership Update:

- Mr. Cockrell was saddened by Commission members leaving early or leaving the Commission entirely. He was an alternate, but was unable to connect with the Commission member on his full seat to coordinate with him. He was concerned that attendance and poor coordination with alternates impacted quorum and should be addressed.
- Mr. Johnson replied Operations tracked attendance and reported issues to Executive. Mr. Stalter added attendance of some members was currently under review. Mr. Stewart continued that Commission members were appointed by the Board and could only be removed by the Board. Historically, the Board chooses not to do that.
- Mr. Rosales noted a meeting with DHSP the prior week reviewed membership. The survey in the packet was part of information gathering to assess representativeness and reflectiveness along with attendance to better assess gaps.

- 1) Member Demographic Survey:** Mr. Johnson reminded all Commission members to complete the survey in the packet and return it to Commission staff. The survey is required by the Health Resources Services Administration (HRSA) as a condition of award. Categories and response choices are defined by HRSA. Information collected will be kept confidential. Commission members may contact Operations Co-Chairs with comments or questions.

D. Integration Advisory Board (IAB) Update:

- Mr. Fox, Co-Chair, reported the IAB has held its second meeting. It was formed to advise the Board during the process of integrating the Departments of Health Services (DHS), Public Health (DPH) and Mental Health (DMH) under a new Health Agency. Dr. Mitchell Katz, most recently Director, DHS, has been officially hired to head the new Health Agency.
- Messrs. Fox and Ballesteros are Commission representatives and Ms. Gordon a consumer representative. In November, the Commission elected to forward Ms. Bivens-Davis' application as its second consumer seat representative.
- The County, however, was now defining "consumer" specifically as one receiving direct services at the point of application. Both the Mental Health and HIV Commissions felt the new definition did not reflect client realities such as a recent recipient of substance abuse services now in recovery. They were talking with the County including the Executive Office and County Counsel to ensure strong representation at the table, especially of consumers.
- The IAB has created three committees. Mr. Ballesteros advocated for the first on access including interdepartmental management of client information. The second will address homelessness. The last will develop IAB guiding principles. To date, the IAB has no bylaws or structure and most members first met last month. The four commissions plus unions have not worked together before and have different structures so it is a challenge. The IAB has no budget.
- The IAB's first report on progress in integration of DHS, DPH and DMH is due to the Board of Supervisors in four months. Meeting dates for the next three meetings, agendas and materials are on the County's website. The IAB has requested representatives from DHS, DPH and DMH as well as Dr. Katz to report on progress. Interdepartmental task forces are working on strategic goals and IAB is charged with monitoring progress in achieving those goals.

E. 2015 CDC National HIV Prevention Conference Report: The report was postponed.

7. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT: This report was combined with Item 11, B, PP&A.

8. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

- A. California Planning Group (CPG):** Dr. Mark, Chief, OA, noted a CPG member from the Santa Barbara County Planning Council (PC) accepted a non-HIV position and resigned from the PC in October 2015. A replacement has been nominated.

B. OA Work/Information:

- Dr. Mark reported OA released a California Statewide Training Education Program (CSTEP) Request For Applications (RFA) on 11/19/2015. The mandatory letter of intent was due 12/15/2015. The application was due 1/14/2016. A link to the RFA was on the OA website as were links to management memorandums and public comment noted below.
- OA collaborated with outside partners to present data at the HIV Prevention Conference in Atlanta, GA, including on: testing/targeted testing in health care settings, high impact prevention, California HIV incidence, and syringe access.
- Regarding prevention, the Orange County Needle Exchange Program's application to the California Department of Public Health for syringe exchange certification has been opened for public comment through 12/28/2015.
- OA held a call on 11/13/2015 for all interested stakeholders to obtain input on PrEP Navigator Services applications. Funding for the program was established in this year's budget and RFA release was expected soon.
- On surveillance, a process for electronic laboratory reporting of HIV-related test results was initiated 11/2/2015. This County has infrastructure, but others do not so this will reduce duplicate data and improve statewide surveillance.
- The deadline for the 15 minute Statewide Needs Assessment online survey was extended. OA urged all to participate.
- Ms. Dhillon, Chief, ADAP Branch, noted three management memorandums to coordinators and enrollment workers.
- The first, disseminated 11/6/2015, provides information about the Medicare annual coordinated election period from 11/15/2015 through 12/7/2015 for coverage starting January 2016. The second, disseminated 12/1/2015, provides information about the OA-HIPP client letter regarding Blue Shield Covered California refunds for 2014. A sample client letter was attached. The last, disseminated 12/2/2015, notes the ADAP formulary has added a new antiretroviral drug.
- Ms. Kiburi, Chief, HIV Care Branch, reported HIV Care Program Management Memorandum 15-08, 11/9/2015, was distributed to Minority AIDS Initiative (MAI) contractors to advise them of the new policy which requires providers to expend 95% of their contracted funds. The policy is the same as that of the federal government.
- Mr. Stalter noted issues raised last month and thanked Dr. Mark and Ms. Dhillon for clarifying management memorandums and connecting him with Cecilia for help with Thrive Tribe members having difficulty disenrolling from Medi-Cal to access other insurance. He expressed concern about PLWH without case-by-case advocacy help.
- He noted Dr. Mark's 11/3/2015 email said those who missed the Covered California enrollment period due to inability to disenroll from Medi-Cal can apply for the Special Enrollment Period (SEP). He felt OA should accept PLWH into ADAP and OA-HIPP if they provide the required income qualifying tax returns and/or pay stubs that disqualify them from Medi-Cal. One Thrive Tribe member was accepted for three months then rejected as he was not yet disenrolled from Medi-Cal. Thrive Tribe members have applied and will pay December premiums without assurance of coverage.
- He added Mr. Pérez was to discuss this issue with the Department of Health Care Services (DHCS) and report back, but he had not. Medi-Cal was in disarray and PLWH were unable to access insurance to which they were entitled..
- Dr. Mark replied OA was in the Department of Public Health (DPH), not DHCS which houses Medi-Cal. OA was trying to work with Medi-Cal to ensure timely disenrollment for those who no longer qualify, but lacks authority. HRSA funds ADAP and requires payer of last resort. Those still enrolled receive care and medications via Medi-Cal and can enroll in Medi-Cal-HIPP. They can defer Covered California premiums until disenrolled and will then qualify for SEP at any time.
- ➡ Ms. Kiburi will forward the written OA report to Commission staff.
- ➡ Mr. Johnson stated this conversation documents that Medi-Cal is out of compliance with federal income requirements
- ➡ OA will report back on the Medi-Cal disenrollment issue at the January meeting.

9. HOPWA REPORT: There was no report.

10. RECESS: The Commission chose not to take recess due to extensive discussion on pressing business.

11. STANDING COMMITTEE REPORTS:

A. Standards and Best Practices (SBP) Committee:

- Mr. Johnson thanked Dr. Younai, Co-Chair, who will resign after the January meeting, for over a decade of service in developing the framework and standards, and her dedication to PLWH. Dr. Younai reported standards have been professionally formatted. A binder of copies was at the resource table and they will be posted to the website soon.
- On Ms. Bivens-Davis call for an Evaluation of Service Effectiveness (ESE), Dr. Younai said the ESE process was approved by the Commission. Activities include a survey developed and mailed to providers on pertinent services.
- SBP wanted to do a Medical Outpatient Services ESE first, but the many laboratory tests and offsite contracting would have made it very complicated. Instead, SBP chose to test the methodology with Oral Health Care since services are

discreet and easily quantifiable. The survey was developed and mailed out, but few providers were willing to respond making data unreliable. The ESE process was halted because the Commission cannot force providers to participate.

- SBP drafted a Medical Outpatient Services ESE survey, but providers objected to the amount of data requested and refused to approve it. Based on SBP's experience, Dr. Younai recommended developing any new ESE in close partnership with DHSP and including mandated ESE participation in provider contracts.
- Ms. Bivens-Davis, an Operations member, noted it oversees the Assessment of the Administrative Mechanism (AAM) which provides the Commission one level of accountability over service provision. She will be active in that effort.
- She did not attend SBP, however, which oversees ESEs, the other level of accountability. She appreciated Dr. Younai's explanation of past ESE challenges. She encouraged SBP to review alternate methods of collecting information to clarify where we are, where we are going and expectations. The body must understand successes and challenges both to hold providers accountable and to make more informed choices about priorities, allocations and programming.

MOTION 3A: (Bivens-Davis/Cockrell): The Standards and Best Practices Committee will examine re-establishing Evaluation of Service Effectiveness so that it can inform the Commission's Priority- and Allocation-Setting process **(Passed by Consensus)**.

1) Standards of Care:

(a) Standards of Care Presentation:

- Dr. Younai said this presentation will address how to move forward in developing and incorporating prevention standards into the HIV continuum to ensure they interact appropriately. The presentation is designed to elicit thought and input on the best approach. She will return to present it in January.
- ➡ Defer presentation to January meeting due to time constraints. Schedule early in meeting to ensure input.

(b) Oral Health Care Services:

- Dr. Younai said SBP chose to update this standard prior to formatting due to an update by the Oral Health Advisory Group (OHAG) which functions as the Oral Health Care Services Expert Review Panel (ERP).
- OHAG was funded through the AETC. It is housed at the University of Southern California Dental School with members throughout the Western Region. OHAG developed the first Practice Guidelines for the Treatment of HIV Patients in General Dentistry, updated it in 2003 and released the latest iteration in November 2015.
- SBP has used the Guidelines as the basis for the Oral Health Care Services Standards of Care (SOC). Guidelines are in the packet and will be posted on both the AETC and Commission websites for the benefit of providers.
- Updates to the SOC based on the Guidelines were minimal. The SOC updated what types of blood tests a dentist should request prior to routine and surgical procedures. A sentence was also added to oral assessment on screening related to smoked and smokeless tobacco, e-cigarettes, marijuana and crystal meth.

MOTION 4: Approve the Oral Health Care Services Standards of Care, as presented **(Passed by Consensus)**.

(c) Medical Outpatient Services:

- Dr. Younai said SBP updated the Medical Outpatient Services SOC primarily because the Public Health Service guidelines have changed and the SOC language was inconsistent. The first round of edits was completed by Dr. Mitchell Kushner, Health Officer, Department of Health and Human Services, City of Long Beach, and former Commission member. The edited SOC was forwarded to DHSP's Medical Advisory Committee (MAC), the Expert Review Panel for this standard. Dr. Sonali Kulkarni, Medical Director, DHSP provided additional edits.
- Revisions were: updated local HIV epidemiology; addition of STD screening to all sections related to patient assessment in outpatient settings; addition of meningococcal vaccination to list of required vaccinations; and addition of Medical Care Coordination language to all sections on patient referral and case management.
- Dr. Younai presented the revised SOC to the MAC meeting three weeks ago and it was opened to comment from MAC members for ten days. Comments were incorporated and the SOC edited to reflect all revisions.

MOTION 5: Approve the Medical Outpatient Services Standards of Care, as presented **(Passed by Consensus)**.

2) Practice Guidelines for the Treatment of HIV Patients in General Dentistry: There was no additional discussion.

B. Planning, Priorities and Allocations (PP&A) Committee: Commission members disclosed their conflicts of interest.

1) Ryan White FY 24 and 25 Part A and Part B Expenditures:

- Mr. Pérez acknowledged the community's deep concern about resource use. DHSP takes its role as custodians of public resources extremely seriously and has developed a track record over many years of fully sharing with its Commission partners spending and utilization numbers for the local Ryan White (RW) system and increasingly for the HIV prevention and STD control systems. This has been an ongoing conversation. It is not new news.

- DHSP presented at the November PP&A and Executive meetings, but strongly opposed a formal vote until everyone had the numbers in front of them as they now were. He added it was important to recognize varying levels of experience with the spreadsheets, from decades to months, to ensure all reach a comfort level with them.
- DHSP relies on over a dozen grants of varying sizes to mount its County HIV and STD response. The Commission mainly focuses on the larger four grants: RW Part A, \$40 million; RW Part B, received through the state, \$8 million; RW Minority AIDS Initiative (MAI), \$2.5 million; and Net County Cost (NCC), funding a broad range of HIV services, \$18 million. MAI is unique in that jurisdictions can appeal to roll-over unused funds from one year to the next.
- The Commission's annual Priority- and Allocation-Setting process determines which eligible categories to fund and for how much. DHSP procures resources countywide from dozens of organizations with contracts. Savings result when the Commission directs and DHSP contracts, e.g., \$8 million to Oral Health, but providers spend \$7 million.
- The Part A grant runs from March through February of the next year. Mr. Young, Chief Financial Officer, DHSP, begins to tighten projections by September, month seven of the grant, which indicated significant underspending.
- In October, with all bills paid through September, DHSP advised the Commission and PP&A Co-Chairs that there may be underspending. Invoices can be delayed for various reasons, but DHSP recommended further discussion as projections improved. More detailed underspending conversations continued in November. Invoices continue to come in after the end of February, but there is limited time after the year's end to bill the federal government.
- DHSP presented then current projections at the 11/17/2015 PP&A meeting, internally reviewed potential remedies on 11/24/2015 and reviewed factors impacting the RW system at an 11/30/2015 Executive and PP&A meeting as outlined in the memorandum included in the packet. It was agreed DHSP would present to the Commission.
- DHSP continues to review options to maximize funds. Regarding Part B, DHSP has been working with OA to accept \$2 million less than the County's allocation. He urged remembering advocacy and support for PLWH does not stop at the County border. Los Angeles, San Francisco and San Diego have historically had the most well-funded, broad, deep California RW systems. PLWH in many poor counties struggle. A one-time release of \$2 million can help them.
- He noted some people have been told this would be a shift in funding or direction. It was neither. The County was not shifting its direction but, rather, who pays for services prioritized and allocated to by the Commission, e.g., services originally to have been paid through NCC will be paid instead by Parts A or B. Contracts remain the same.
- Mr. Land said he responded humanly, as Ms. Jackson noted, at the 11/17/2015 PP&A meeting when DHSP reported the size of projected underspending, but PP&A has had robust discussions with DHSP on how to utilize expected underspending as early as August 2014. It has met consistently and brought ideas to the Commission. These recommendations are consistent with those deliberations. Trends are not evident until mid-year.
- Mr. Ballesteros added those dealing with Affordable Care Act (ACA) implementation had raised underspending issues even before 2014. Conversations are years old. As PLWH obtain other insurance, the Commission should expect shifts and identify other important investments consistent with those moving to other payer sources.
- Mr. Johnson said discussions began before ACA with initiation of the low-income health program, Healthy Way LA., They addressed PLWH migrating from RW to other systems and consequent underspending. That was increasing and the magnitude should be recognized. This conversation was to maximize Part A so funds are not returned.
- Ms. Gordon said, while the conversation was not new, it was new to her. She has been a Commissioner member for three meetings and at two of them poor women asked for help. We need to ensure all PLWH get needed help.

(a) Changes in Parts A and B Expenditures from FY 24 to FY 25:

- **Part A Discussion:** Mr. Pérez noted the Commission prioritizes service categories based on need, but allocates funds in consideration of other payers. For example, Ambulatory Outpatient Medical (AOM), ranked 1, was allocated \$14.7 million in YR 25, but Health Insurance Premiums and Cost Sharing, ranked 5, had no allocation since the statewide Health Insurance Premium Payment program (HIPP) is more efficient than multiple county programs. OA will fully finance HIPP starting 1/1/2016. Categories with an "(a)" are funded by multiple grants.
- In 2012, the Commission allocated \$18 million to AOM. It was then reduced to \$15 million and now \$14.7, but projected YR 25 costs were \$11.2 for \$3.5 million in AOM underspending alone. Migration to ACA-related plans has increased as PLWH in RW medical care have declined from 16,000, to 15,000, to now just 5,300.
- It is hard to predict if AOM expenditures will continue to decline. They will if PLWH continue to be or become eligible for and enroll in, e.g., a Medicaid Expansion product. On the other hand, AOM may increase costs if HIV testing diagnoses 2,400 PLWH per year rather than 1,800 and 20% of the increase is RW-eligible.
- On 11/17/2015, DHSP projected expenditures of \$35.8 of the \$38.3 million Part A grant award leaving some \$3 million underspent. Combined Part A and Part B underspending resulted in the \$8.9 million total estimated.

- On 11/24/2015, DHSP was able to maximize Part A by shifting eligible costs to it from other grants. For example, most of the significant Oral Health Care costs were initially charged to NCC with only some \$500,000 in endodontic care charged to Part A. On 11/17/2015, costs charged to Part A had increased to \$866,725, but NCC costs were shifted to Part A by 11/24/2015 for a total of nearly \$4.7 million helping maximize the grant.
- Other Oral Health Care costs remained charged to Part B, \$435,822; and MAI, \$448,084.
- In addition, initially Part A projected costs for Food Bank/Home Delivered Meals were \$323,000. On 11/17/2015, DHSP projected costs of \$505,000, but by 11/24/2015 projected costs increased to over \$1 million. There were also additional shifts among some of the other categories.
- With those changes, Part A had an excess of expenditures so \$412,000 in Substance Abuse Treatment Services/Residential and nearly \$1.5 million in Housing Services were shifted out of Part A. The total amount shifted in and out to maximize Part A was reflected in the variance of \$2, 539,344. Projections were based on invoices received through 10/31/2015 and will be adjusted as additional invoices are submitted.
- Mr. Stalter felt the situation spoke to a changing health care system that was more confusing, constricting and did not reach all PLWH out of care or allow funds to be shifted to prevention services such as PrEP.
- He asked if NCC savings return to the County. Mr. Pérez replied NCC followed a July through June cycle. The focus now was to maximize RW which needs to be reconciled by the end of February. The Commission will then need to determine how to re-allocate the \$6.6 million saved in NCC by shifting costs to Part A. Mr. Ballesteros added PP&A addresses allocation adjustments on an ongoing basis. All were welcome to attend.
- Ms. Gordon asked when original YR 25 allocations were made. Mr. Ballesteros replied the YR 25 allocations were developed in PP&A based on available data and brought to the Commission around October 2014. Mr. Land added some reconciliation was approved by the Commission in March 2015.
- As a nonprofit employee and woman with a family, Ms. Forrest understood shifting funds. She did not understand underspent funds when clients at her agency and in the neighborhood had the same unmet needs and remained on waiting lists. They do not care who pays. They only care about receiving services especially non-medical services such as psychosocial case management and other support services.
- Mr. Pérez agreed with Mr. Stalter that this country's health care financing rubric is very complicated with prescriptive grant funding requirements not always congruent with the best community service. It impacts substance abuse, mental health, disease control, STD control, hospital and urgent care systems among others as well as HIV systems. He appreciates the passion and the frustration rules can cause.
- He illustrated issues with four services funded solely by Part A. AOM was allocated \$14.7 million, but will expend \$11.2 million. There are no PLWH on waiting lists. There are PLWH out of care who, for whatever reason, are not seeing a physician consistently, but that is not due to lack of funding.
- Benefits Specialty was allocated \$1.6 million, but will spend \$1.2 million leaving approximately \$400,000 unspent. DHSP's nonprofit partners need to hire the staff, provide the service and bill DHSP.
- Psychotherapy was allocated nearly \$2.2 million, but will maybe spend \$1.7 million. For the third year in a row, \$500,000 will remain unspent due to system issues despite repeated conversations about the need.
- Medical Care Coordination (MCC) was allocated nearly \$10 million, but will spend \$8.5 million. MCC was in place in every clinic, but not every clinic team was fully staffed and able to bill. As a system, it is necessary to identify how to ramp up, staff up and retain the work force that provides MCC and other services.
- These services together represent millions in unspent funds and reveal another layer of systemic issues.
- Ms. Forrest suggested lifting the cap on mental health visits. Ms. Ceja, North East Valley Health Corporation, agreed. Many of her patients struggle with depression or are suicidal and the cap of 12 visits is not enough.
- Mr. Pérez said PP&A asked about lifting the annual cap, but DHSP has a clear waiver process that is rarely declined. He added a suicidal patient is usually best served by DMH whose team of psychiatrists supports the acutely, severely ill. Further information was in the memorandum in the packet.
- Ms. Gordon suggested perhaps other agencies would do better. Mr. Land replied federal legislation prohibits Planning Councils from agency-specific discussions because they would impinge on contract confidentiality.
- Mr. Johnson added the Commission has two mechanisms to address service implementation. The AAM, overseen by Operations, evaluates grantee implementation of services. ESE, overseen by SBP, can result in a directive to DHSP for more providers, resources, services in a geographic area or targeted services.
- Ms. Bivens-Davis said the Commission's responsibility for continuous program review includes measuring effectiveness and revisions to ensure program target those most in need. She urged focus on: advocacy to revise the RW system; accountability via effective AAM targeting and ESE. Regarding accountability, she also

suggested Community Based Organization (CBO) capacity building to maximize grants, hire staff and maximize options to bill non-RW systems to increase their internal stability.

- Ms. Scholar said shifting this much funding because the provider community is not maximizing their grants clearly points to the need to fund capacity building supporting, e.g., work place expansion and work force transition to this new reality to ensure services offered are complimentary to ACA services.
- She felt DHSP Request For Proposal (RFP) and auditing processes deter some providers from applying for contracts. Streamlining could bring new providers into the RW system that might better mount services.
- Mr. Fox, Part C representative, said he rarely defends providers, but urged considering the context of issues faced by safety net, mainly nonprofit providers. Professionals, e.g., physicians and Licensed Clinical Social Workers, graduate with significant debt. Usually they seek positions with better pay, e.g., Kaiser or Cedars-Sinai. Some nonprofits are trying to raise pay to compete better, but they will never match large institutions.
- Mr. Stalter appreciated the context and that providers are doing as well as they can, but many Thrive Tribe members call with case worker concerns. Low pay results in constant turnover though they are critical in linking and retaining people in care. Six week waits to see a case worker for ADAP can also result in loss of medication when notices to renew are 45 days prior to the PLWH's birthday.
- Mr. Engeran recommended considering approaches used by other Eligible Metropolitan Areas (EMAs). In Florida, the EMA sweeps funds on a quarterly basis from agencies not maximizing grants to agencies that are. He also felt more timely RFPs would allow the community more time to develop solutions.
- He noted the Commission can recommend NCC allocations, but DHSP retains authority. He suggested adding one-time NCC allocation authority to this motion as funds must be shifted to maximize Part A or vote no.
- Mr. Watt felt a key issue to many was shifting costs from NCC and loss of control of freed NCC funds. Ms. Gordon agreed. Mr. Ballesteros noted DHSP has brought the NCC budget to PP&A which is charged with this work. PP&A has addressed these issues for years, appreciates their importance and the need to direct DHSP to review infrastructure and contracting issues as well as additional services to ensure services reach the street.
- He reminded Commission members and the public that all are welcome to attend PP&A meetings.
- Mr. Fox added DHSP has been very receptive to Commission directives on use of NCC funds, most recently with PrEP. The Commission also advises the Board so can object if DHSP recommendations are unacceptable. He advised the Commission provide clear directives to DHSP on NCC fund use after RW work was complete.
- Mr. Muñoz asked about increasing housing options. Mr. Pérez replied the two main subcategories of Housing Services are Residential Care For the Chronically Ill (RCFCII) and Transitional Residential Care Facilities (TRCF). Substance Abuse Residential is also funded. The memorandum in the packet offers more information about the current situation and additional opportunities for increased investments, e.g., in housing.
- One opportunity is to assume \$2 million in costs from Housing Opportunities for People With AIDS (HOPWA) overseen by the City of Los Angeles. That would allow HOPWA to invest in, e.g., new housing development.
- **Part B Discussion:** Mr. Pérez said the Commission originally prioritized Substance Abuse Treatment Services/ Residential, Housing Services,; and Food Bank/Home Delivered Meals totaling \$8 of the \$8.4 million award. On 11/17/2015, DHSP projected approximately \$3 million would be spent leaving \$5.4. million unspent.
- On 11/24/2015, the revised projection was \$6.4 million in costs leaving a balance of \$2 million unspent. The change reflects additional costs of: \$435,622, Oral Health Care; \$86,024, Transitional Case Management; and \$2,468,958, Home and Community Based Case Management historically funded by NCC. Part B investments in Substance Abuse Treatment Services/Residential and Housing Services declined with costs shifted to Part A.
- Mr. Pérez noted a question was raised on how the state would re-allocate funds to serve other California PLWH. The state has not yet advised DHSP, but was expected to do so by an in-person January meeting.
- Mr. Stalter felt any funds returned to the state should address problems with Medi-Cal, but Mr. Pérez reminded all that the areas were managed by different Departments: Medi-Cal by DHCS; OA by DPH.
- OA provides grants to counties throughout California with an HIV service burden. Resources are often allocated via a formula that has not been updated for years. Los Angeles County continues to benefit from a substantial state Part B investment; a Part A grant; approximately a dozen RW Part C grants directly funding providers, many also not maximized; and Part D grants earmarked to large urban areas with high HIV burdens.
- Since the formula has not been updated, it has not kept pace with the growing number of PLWH in medium and small California counties, e.g., central California has many more PLWH in 2015 than it had in 2008. Those areas lack the benefit of Part C grants and are ineligible for Part A. He added a truly complete system revenue picture would include Medicaid, Medicare Managed Care, Part C, Part D and private insurance.

- Mr. Cockrell asked how the County could help the state allocate funds. Mr. Pérez said the County can work with the state and has said, "While you have allocated \$8.4 million, we are likely to only spend \$6.4 million. This is a one-time opportunity for the state of California to reprogram \$2 million to meet the needs of other Californians living with HIV this year." They agreed, are considering options and will let the County know.
- Mr. Cockrell empathized with needs in other areas, but was concerned about County needs, e.g., for housing. Mr. Pérez replied it was important to distinguish needs due to lack of funds versus system, service delivery or client access issues. The County has already assumed millions in HOPWA costs, but there was a lack of beds.
- Ms. Bivens-Davis reminded the body it was developing its CHP for the next five years and urged it to discuss what work it was willing to do within the CHP timeline to address safety nets to avert this conversation next year. That is the Commission's responsibility, not DHSP's. She also suggested DHSP report monthly on NCC.
- As already acknowledged, this conversation is a large one and it was unfortunate it had to occur in so short a time frame. With that reality, she suggested re-examining Committee structures. The conversation has illustrated to her that perhaps all new Commission members should spend their first two years in PP&A to be able to have more informed, contextualized conversations with knowledge of acronyms and nuances.
- **MAI Discussion:** Mr. Pérez noted total funding was \$5.8 million composed of the YR 25 \$3.3 million grant and rollover from the YR 24 grant of \$2.5 million. Funds may only be rolled over for one year.
- The initial plan was to spend all YR 24 rollover funds and much of the YR 25 funds in YR 25 across five services. Revised projections reflect \$2.8 million in costs. That will allow spending down all YR 24 rollover funds and approximately \$300,000 in YR 25 funds leaving approximately \$2.9 million to rollover to YR 26.
- Mr. Muñoz urged improving planning to ensure actual expenditures more closely match allocations.
- Ms. Gordon urged the Commission to find a means to help homeless PLWH and PLWH at risk of homelessness due to inability to pay rent. Mr. Pérez replied there is a lack of housing stock and HOPWA must follow federal subsidy rules to help PLWH retain housing. DHSP and its residential service providers recently discussed how providers might lease more buildings to add units. That was also part of the HOPWA redesign program.
- The broad continuum of residential services includes subsidies as well as housing. The HOPWA Advisory Committee, City of Los Angeles, addresses issues system-wide. While the Commission has a purview, there are many other partners that influence success. Ms. Gordon felt the Commission should address structural issues.
- ➡ Ms. Bivens-Davis recommended prioritizing ESE activities.
- ➡ Mr. Pérez will report to the Commission on state re-allocation of Part B funds as soon as determined.

(b) Underspending Investment Recommendations:

- Mr. Johnson suggested bifurcating the motion to move maximizing Part A separately. Mr. Cockrell wanted to include the dollar amount. Mr. Ballesteros suggested adding the data in the Part A Summary Column 5.
- Mr. Stalter also suggested bifurcating the motion. He felt maximizing Part A was fairly simple and NCC funds can be re-allocated, but he was very uncomfortable with returning \$2 million in Part B funds to the state. The Commission could review its Part B recommendations to DHSP and DHSP could respond in January.
- Mr. Fox found Motion 6A wording inaccurate. The Commission cannot "retain authority" over NCC because the RW statute only provides authority over RW funds. It was sometimes taken for granted that HIV is the sole disease, chronic condition or funding stream in the federal government that has a community planning body with a real say in where funds are spent by public health or state health departments. It is a rare opportunity.
- Mr. Stewart confirmed that all four funding streams needed to be included in the motion to effect the shifts to maximize Part A. If so, it subsumed Motion 6. Mr. Watts confirmed his Motion 6A was meant to include all.
- Mr. Donnelly suggested delaying the vote one month to allow time to review materials. Messrs. Stewart and Land replied the grant term ends 2/29/2016. Every day delay makes it harder to move changes through the County process in time to get resources on the street. It is the Commission's fiscal responsibility to do that.
- Ms. Bivens-Davis agreed it was the Commission's responsibility, but felt the body could have been advised earlier considering the time sensitivity and heaviness of decisions. Mr. Ballesteros noted the grant starts March 1st and it takes time for invoices to come in and be processed by DHSP before trend data is available. The Commission has historically addressed revisions about this time. The earliest would likely be October.
- Mr. Kochems appreciated the comments, concern and interest including by new Commission members. He felt the body had sufficient years experience to have better anticipated trends. Nevertheless, it was necessary to address the issue now to move decisions through the County process. He added many comments, e.g., on housing and drug treatment, pertain to the Priority- and Allocation-Setting process. To impact those decisions for FY 26, Commission members need to attend the PP&A meetings where decisions are made.

- Ms. Granados felt a lot of Commission member frustration was from not fully understanding the funding landscape, the portfolio and limitations on the ability to spend funds, e.g., federal restrictions on use of funds, social determinants of health that impact how consumers access services, and how contracts and program development impact provider ability to offer services. Many of these things cannot be addressed now.
- She asked about implications if the \$2 million in Part B funds were not returned to the state. She felt understanding implications was important in order to make an informed, not emotional, vote.
- Mr. Pérez replied that if DHSP does not work with the state to reprogram the \$2 million in Part B funds then the grant will be underspent by \$2 million at the end of the grant term. The state will not have had the opportunity to invest it elsewhere in California so the funds will be returned to the federal government.
- The recommended action would only be for YR 25. Mr. Cockrell asked if it would impact YR 26, e.g., with a smaller allocation. Mr. Fox replied allocation is by formula so the County's allocation will remain the same.
- Mr. Kochems noted time was limited and funds will be returned in any case. Supporting the recommendation will allow others to use funds in a timely manner which contributes to the overall welfare of the state and the County within it. It was a practical decision that also forces the Commission to think in advance about trends.
- Mr. Pérez said he would be ashamed to think the philosophy at the table was that the County should not share its resources with other Californians living with HIV. For years, the County has had the plurality of HIV cases in California. In some years it has had 35% of cases, but spent 42% of ADAP funds. Overall, it has spent more state funds than a formula would dictate. Other areas of the state recognized its burden and did not complain.
- Much has changed in two decades. The County has resources that, for reasons listed in the memorandum, it cannot maximize. DHSP is working with the state on a one-time transaction to help meet needs elsewhere on a very short time frame to help other areas that have not had the County's opportunities. Then the body has to review YR 25 NCC and YR 26 Parts A, B and MAI as part of ongoing discussions in an evolving system of care.
- Mr. Muñoz felt it was apparent funds will go to the state in any case, but the limited time to vote was scary.
- Messrs. Land, Co-Chair, PP&A, and Fox urged deleting the third point of Motion 6B.
- Mr. Pitkin accepted any determination today, but urged deeper review of options in future to maximize funds.
- Ms. Jackson felt the agenda motion should have been more specific. She believed Executive intended it to be on strategy. PP&A would then develop a second motion with numbers for the January Commission. She felt it was not necessary to move this quickly because costs can be shifted at any time before the grant term ends.
- ➡ Agreed that DHSP will provide monthly financial updates to the Commission.
- ➡ Agreed the Commission will attempt to address annual financial revise by October if feasible for RY 26.

MOTION 6: Approve investment recommendations for Ryan White FY 25 Part A and Part B underspending, as presented or revised **(Withdrawn)**.

MOTION 6A: (Watts/Cockrell): Approve the financial expenditure shift from Net County Cost (NCC) to maximize the Ryan White grant provided that:

1. The Commission ~~retain authority over~~ shall provide directives with respect to the \$6.6 million in NCC that is being freed up as a result of this re-allocation, and;
2. The Division of HIV and STD Programs will make a presentation on NCC to the Commission to inform this process **(Withdrawn)**.

MOTION 6B: (Watts/Stalter): Approve the financial expenditure shift from Net County Cost (NCC) to maximize the Part A, Part B and Minority AIDS Initiative portions of the Ryan White grant provided that:

1. The Commission shall have the ability to make directives regarding the \$6.6 million in NCC that is being freed up as a result of this re-allocation, and;
2. The Division of HIV and STD Programs will make a presentation on NCC to the Commission to help facilitate this process, and;
3. Authority is not being granted to return \$2 million in Part B funds to the state which shall remain subject to further input from the Commission **(Failed: 12 Ayes; 13 Opposed; 4 Abstentions)**.

MOTION 6C: (Watts/Donnelly): Approve the financial expenditure shift from Net County Cost (NCC) to maximize the Part A, Part B and Minority AIDS Initiative portions of the Ryan White grant and also authorize the Division of HIV and STD Programs (DHSP) to transfer unspent Part B grant funds for Year 25 to the state provided that:

1. The Commission shall have the ability to make directives regarding the \$6.6 million in NCC that is being freed up as a result of this re-allocation, and;
2. DHSP will make a presentation on NCC to the Commission to help facilitate this process **(Passed: 27 Ayes; 2 Opposed; 0 Abstentions)**.

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2) Comprehensive HIV Plan (CHP) Task Force: Mr. Land encouraged Commission members and public to attend CHP Task Force meetings. Task Force decisions will guide the direction of work going forward through the CHP.

(a) Newly Elected Co-Chairs: Mr. King was elected Co-Chair at the last meeting joining continuing Co-Chair Mr. Smith.

(b) CHP Update: There was no additional discussion.

C. Operations Committee:

1) Membership Management:

(a) Committee Membership Application: Angélica Palmeros: Ms. Palmeros was applying for direct appointment as an SBP Committee member. She previously served as SBP Co-Chair so her experience will be a welcome addition.

MOTION 7: Approve Angélica Palmeros for Committee membership to the Standards and Best Practices Committee, as presented **(Passed by Consensus)**.

2) Member Reflectiveness and Representation: There was no additional discussion.

D. Public Policy Committee: There was no report.

12. CAUCUS REPORTS: Reports were postponed. The Consumer Caucus met after the Commission and welcomed all.

13. CITY/HEALTH DISTRICT REPORTS: The next City of Long Beach HIV planning meeting will be 1/13/2015, 12:00 noon to 2:00 pm, at the Long Beach Health Department.

14. SPA/DISTRICT REPORTS: There were no reports.

15. AIDS EDUCATION/TRAINING CENTERS (AETCs): There was no report.

16. COMMISSION COMMENT: There were no comments.

17. ANNOUNCEMENTS: There were no announcements.

18. ADJOURNMENT: The meeting adjourned at 1:10 pm in thanks to Mr. Johnson for his years of service to the Commission and his contributions to the fight against HIV.

A. Roll Call (Present): Ballesteros, Bivens-Davis, Cataldo, Cockrell, Donnelly, Enfield, Forrest, Fox, Goddard, Gordon, Granados, Green, King, Kochems, Land, Lopez, Maddox, Muñoz, Palomo, Preciado, Rodriguez, Stalter, Watts, Younai, Johnson, Rosales.

MOTION AND VOTING SUMMARY

MOTION 1: Approve the Agenda Order with Item 11. B. moved after Item 5 and adjustments as needed.	Passed by Consensus	MOTION PASSED
MOTION 2: Approve minutes from the 11/12/2015 Commission on HIV meeting, as presented.	Passed by Consensus	MOTION PASSED
MOTION 3: Approve moving Executive At-Large nominations from December to January and elections from January to February in order to allow Committee Co-Chair elections to occur first averting conflict for members who might choose to run for both positions.	Passed by Consensus	MOTION PASSED
MOTION 3A: (Bivens-Davis/Cockrell): The Standards and Best Practices Committee will examine re-establishing Evaluation of Service Effectiveness so that it can inform the Commission's Priority- and Allocation-Setting process.	Passed by Consensus	MOTION PASSED
MOTION 4: Approve the Oral Health Care Services Standards of Care, as presented.	Passed by Consensus	MOTION PASSED
MOTION 5: Approve the Medical Outpatient Services Standards of Care, as presented.	Passed by Consensus	MOTION PASSED

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MOTION AND VOTING SUMMARY		
MOTION 6: Approve investment recommendations for Ryan White FY 25 Part A and Part B underspending, as presented or revised.	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION 6A: (Watts/Cockrell): Approve the financial expenditure shift from Net County Cost (NCC) to maximize the Ryan White grant provided that: <ol style="list-style-type: none"> 1. The Commission retain authority over shall provide directives with respect to the \$6.6 million in NCC that is being freed up as a result of this re-allocation, and; 2. The Division of HIV and STD Programs will make a presentation on NCC to the Commission to inform this process. 	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION 6B: (Watts/Stalter): Approve the financial expenditure shift from Net County Cost (NCC) to maximize the Part A, Part B and Minority AIDS Initiative portions of the Ryan White grant provided that: <ol style="list-style-type: none"> 1. The Commission shall have the ability to make directives regarding the \$6.6 million in NCC that is being freed up as a result of this re-allocation, and; 2. The Division of HIV and STD Programs will make a presentation on NCC to the Commission to help facilitate this process, and; 3. Authority is not being granted to return \$2 million in Part B funds to the state which shall remain subject to further input from the Commission. 	Ayes: Bivens-Davis, Cockrell, Dangerfield, Enfield, Forrest, Gordon, Lopez, Munoz, Preciado, Stalter, Watts, Johnson Opposed: Ballesteros, Donnelly, Fox, Goddard, Granados, Green, King, Kochems, Land, Maddox, Palomo, Younai, Rosales Abstentions: Cataldo, Cruz Gutierrez, Rivera, Rodriguez	MOTION FAILED Ayes: 12 Opposed: 13 Abstention: 4
MOTION 6C: (Watts/Donnelly): Approve the financial expenditure shift from Net County Cost (NCC) to maximize the Part A, Part B and Minority AIDS Initiative portions of the Ryan White grant and also authorize the Division of HIV and STD Programs (DHSP) to transfer unspent Part B grant funds for Year 25 to the state provided that: <ol style="list-style-type: none"> 1. The Commission shall have the ability to make directives regarding the \$6.6 million in NCC that is being freed up as a result of this re-allocation, and; 2. DHSP will make a presentation on NCC to the Commission to help facilitate this process. 	Ayes: Ballesteros, Bivens-Davis, Cataldo, Cruz Gutierrez, Dangerfield, Donnelly, Enfield, Fox, Goddard, Gordon, Granados, Green, King, Kochems, Land, Lopez, Maddox, Munoz, Palomo, Preciado, Rivera, Rodriguez, Stalter, Watts, Younai, Johnson, Rosales Opposed: Cockrell, Forrest Abstentions: None	MOTION PASSED Ayes: 27 Opposed: 2 Abstention: 0
MOTION 7: Approve Angélica Palmeros for Committee membership to the Standards and Best Practices Committee, as presented.	<i>Passed by Consensus</i>	MOTION PASSED